

Buxton Recreation Department

Medical Authorization Form

185 Portland Road, Buxton, Maine 04093

Phone: 207-929-8381

Cell: 207-841-7320

Fax: 207-929-4730

Medication must be in a clearly labeled container with the child's name, prescribed dosage, and name of medication indicated. Medication must also be in the original package/container. Please note that staff will be supervising your child while they self administer their medication.

Child's Name: _____ Parent's Name: _____

Child's Birthday: _____ Phone Number: _____ Address: _____

Prescribing Doctor: _____ Doctor's Phone Number: _____

Name of Medication: _____

Dosage Amount: _____ Dosage Time: _____

How is this medicine taken? _____

Reason for Medication: _____

Are there any side-effects that we should be aware of? **YES** **NO**

If yes, please describe: _____

Please share any other information that might be helpful to the person helping to administer medication. _____

I hereby request that the Buxton Recreation Department personnel administer the above medication to my child. I will notify the Buxton Recreation Department when/if there are changes in dosage, times, or any other information regarding the above stated medication and my child. I am aware that the recreation department does not have a trained medical professional on staff, and I authorize a non-medical recreation staff person to help my child administer the prescribed medication.

Signature of Parent/Guardian: _____ Date: _____

Prescribing Doctor: _____ Date: _____